FAR NORTH SERVICES LLC

JUL 2 0 2017

July 17, 2017

Asbestos NESHAP Coordinator
U.S. Environmental Protection Agency Region 10
Office of Compliance and Enforcement
1200 Sixth Avenue, Suite 900, OCE-127
Seattle, WA 98101

RE:

ASD North Star Elementary School

Anchorage, Alaska Contract No. #17014

(10) Day EPA Notification of Demolition and Renovation

To whom it may concern:

Please be advised, Far North Services. shall commence asbestos abatement activities at North Star E.S, Anchorage, Alaska under the above-referenced contract. A Notification of Demolition and Renovation been attached for your review.

If you have any questions or comments regarding this matter, please contact me at your earliest convenience.

Sincerely,

Vladimir Berezyuk Project Manager

> PO Box 210483, Anchorage, Alaska 99521 Phone: 907-250-2712 | Fax: 907-868-3828

Email: Fn_services@yahoo.com

Return to: U.S. EPA Region 10 1200 Sixth Avenue (OAQ-107)

Seattle, WA 98101

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #		Pos	tmark	Date Received		Notification #		
I. TYPE OF NOTIFICATION (check of	ana):	Mary and the second	✓ Original	Revised	Cancele	L		
	ліе). —————————		Original					
II. FACILITY DESCRIPTION Building Name:								
ASD NORTH STAR ELEMENTARY SCHOOL								
Address:		Vontario de la composito de la						
605 W FIREWEED LANE				*				
City:			State:		County:	TV 05 41011	20105	
ANCHORAGE Site Location:		Property and the second	ALASKA		MUNICIPALI	TY OF ANCHO	JRAGE	
ANCHORAGE								
					Age in Years:			
			N/A		N/A			
Present Use:			Prior Use:					
SCHOOL		5	SCHOOL	<u> </u>			7	
III. TYPE OF OPERATION (check one	e):	Demo 0	rdered Demo	✓ Renovation	Emergenc	y Renovation	Fire Training	
IV. IS ASBESTOS PRESENT? (check	one)		✓ Yes	No				
V. FACILITY INFORMATION								
OWNER NAME: ANCHORAGE SCHOOL DIS	STRICT							
Address::	TRICT				AUGUSTA STATE OF THE STATE OF T		The state of the s	
4919 VAN BUREN ST.								
City:			State:		Zip:			
ANCHORAGE	***************************************		ALASKA 99517		The same of the sa	7		
Contact:		Tel: (007) 742 9654						
PURCHASING (907) 742-8651 DEMOLITION CONTRACTOR:								
FAR NORTH SERVICES LLC								
Address:								
	P.O. BOX 210483							
*			I I		Zip: 99521			
Contact:			Tel:					
VLADIMIR BEREZYUK			(907) 250-2		⁷ 12			
OTHER OPERATOR (Demolition / General): REMOVAL CONTRACTOR								
FAR NORTH SERVICES LLC								
Address: P.O. BOX 210483								
City:			State:		Zip:			
ANCHORAGE			ALASKA 99		99521	99521		
Contact:	Tel:							
VLADIMIR BEREZYUK	(907) 250-2712			ITITY OF BACM				
VI. AND CATEGORY I AND CATEGORY II NON-FRIABLE ACM:								
PLM								
VII. APPROXIMATE AMOUNT OF ASB	VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIAL:							
VAT			RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed		
				Category I	Category II	Category I	Category II	
Pipes (linear feet)								
VAT/MASTIC(square feet)				6,500SF				
Facility Component (cubic feet)		0/4/	2017	0	0/4/0047			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/1/2017 Complete: 8/4/2017 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:								
DAYS OF THE WEEK:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
HOURS OF OPERATION:	7AM - 7PM	7AM - 7PM	7AM - 7PM	7AM - 7PM	7AM - 7PM	7AM - 7PM	OFF	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE EMPLOYED, INCLUDING DEMOLITION OR RENOVATION TECHNIQUES TO BE USED AND DESCRIPTION OF AFFECTED FACILITY COMPONENTS:							
	COMPLETE DEMOLITION OF VAT AS PER CONTRACT SPECIFICATIONS.							
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO COMPLY WITH THE REQUIREMENTS, INCLUDING ASBESTOS REMOVAL AND WASTE HANDLING EMISSION CONTROL PROCEDURES:							
	WATER WILL BE USED TO PREVENT EMISSIONS. ALL REQUIRED PPE WILL BE USED AT ALL TIMES.							
XII.	. WASTE TRANSPORTER #1: DEMOLITION CONTRACTOR Name:							
	FAR NORTH SERVICES, LLC							
	Address: PO BOX 210483							
	City:	State:	Zip:					
	ANCHORAGE Contact Person:	ALASKA	99521 Tel:					
	VLADIMIR BEREZYUK	(907) 250-2712						
	WASTE TRANSPORTER #2: REMOVAL CONTRACTOR							
	Name:							
	Address:							
	City:	State:	Zip:					
	Control Posts							
	Contact Person:		Tel:					
XIII.	(III. WASTE DISPOSAL SITE: DEMOLITION CONTRACTOR							
	Name: PALMER RECLAMATION SITE							
	Location:							
	550 REBARCHECK DRIVE City: State: Zip:							
FEE 200	PALMER	ALASKA	Zip: 99645					
	Contact Person:		Tel:					
	WASTE DISPOSAL SITE: REMOVAL CONTRACT	TOR	(907) 745-5606					
	Name:							
	Location:							
		State:	Zip:					
	Contact Person:		Tel:					
XIV.	EMERGENCY DEMOLITION (Complete item XIV	only if this project is an Emergency Demolit	ion.)					
	Attach a copy of the Order to this notice. Name of Authority Issuing Order:							
	Authority of Order (Citation of Code):	Title:						
	Date of Order (MM/DD/YY):	Date Order to Begin:						
XV.		sheet with the following information if project is Emergency Renovation.)						
	Date and Hour of the Emergency:							
	Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.							
	or Explanation of now the event caused unique continuous or equipment damage of an uniteasonable intalicial builders,							
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:								
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE XVII. DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE								
	FOR INSPECTION DURING NORMAL BUSINESS HOURS.							
		7/17/2017	VLADIMIR BEREZYUK MANAGER					
XVIII	Signature of Owner/Operator I CERTIFY THAT THE ABOVE INFORMATION IS	Date CORRECT:	Type or Print Name and Title					
		7/17/2017	VLADIMIR BEREZYUK MANAGER					
	Signature of Owner/Operator	Date	Type or Print Name and Title					